	Effective October 1-2004										ijon or Dac	
Γ		CLAIM	FILE	-PART	ı				1	7	5703	514
_			(Cot	ima 1)		(Column 2)		SMALL TYPE	ENTITY		OT OR SM	HER THA
T	OTAL CLAII	MS					7	RATE	7 ~			
FOR			HUMBE	R FILED	N	UMBER EXTRA	1	BASIC FI	+	4	RAT	E FE
TOTAL CHARGEABLE CLAIMS			13	minus 20 =	-	D	1	X\$9	+	-J°	DR BASIC	1/2
INDEPENDENT CLAIMS			13	minus 3 = .		0		X\$44		$-\Gamma$	OR X \$ 18	
ML	ILTIPLE DEPÉ	NDENT CLAIM	PRESENT .				1	-		 		3
1	CLAIMS OTAL CLAIMS OTAL CHARGEABLE CLAIMS (Column 1) CLAIMS AFTER AMENDMENT OTAL Independent		is less than	siess than zero, enter "O" in			J	+\$ 150 TOTAL	-		R +530)=
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AMENDMENTA	1	1. 1/	Minus	- 20					FEE	1	- ACULE	TIONA FEE
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•	FIRST PRES	ENTATION OF	MULTIPLE DE		1 AM			X \$ 44 =		Ŭ Œ	X \$ 88	-
	·			Coerro				+ \$ 150 =		OR	+ \$ 300	=
٠		(Column 1)		(Cotumn	21	(Cotumn 3)		ADDIT. FEE		OR	ADOIT, FE	
				HUMBE	T		ı		4000	7		
			. ·	PREVIOUS PAID FO	SLY	PRESENT EXTRA		RATE	ADDI- TICHUL FEE		RATE	ADDI- TIONAL
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¥	the entry in colu	nn 1 is less than th	e crity in cotumn	2 wile T in	colum			TOTAL DOT. FEE		OP.	+ \$ 300 = TOTAL ADDIT, FEE	u
. H	the "Highest Nur	nber Previously Pa nber Previously Pa ber Previously Pal	id For th Thas s id For th Thas s	PACE is tess to	han Z	7. ento 70'	in the	appropriate (our le galum	A 1.		

FORM PTO 475 (Rev. 11/2004)

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